

ATTACHMENT J-7 - Past Performance Questionnaire

To Whom it May Concern:

The _____ Company is currently responding to the U. S. Department of Labor RFP #DOL-ETA-15-R-00103 for the procurement of the continued operation of the **Miami Job Corps Center**.

The U. S. Department of Labor is placing increased emphasis in their procurements on past performance as a source selection factor. They are requiring that clients of entities responding to their solicitations be identified and their participation in the evaluation process be requested. Therefore, we are requesting that you provide the following information regarding our performance on the contract identified below. Please complete Sections B-F of this Questionnaire and return it directly to the address shown below no later than 12:00 noon , March 8, 2016.

ATTN: Charmaine Scruggs-Robinson
Office of Contracts Management (OCM)
U.S. DOL – ETA/Job Corps
200 Constitution Avenue, N.W.
Washington, DC 20410
E-mail - scruggs-robinson.c@dol.gov

By my signature below, I authorize you to respond to any additional inquiries by the U. S. Department of Labor regarding our performance on the referenced contract.

(Signature) _____ (Date) _____

(Title) _____

A. Past Performance

A. Contract Identifying Information:	
Offeror:	
Project Title & Contract Number:	
Contracting Officer:	Phone No.
Project Manager:	Phone No.
Address:	FAX No.
Work Performance Period: _____ to _____	
Contract Value: \$ _____	
Brief Summary of Statement of Work:	

ATTACHMENT J-7 - Past Performance Questionnaire

B. Outcomes vs. Goals:	
1. Were there measurable performance goals or outcomes associated with this contract? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>For the following questions, where applicable, check the adjectival rating which most closely represents your assessment of the contractor's performance: Exceptional, Very Good, Satisfactory, Marginal, Unsatisfactory</i>	
2. How effective was the contractor in achieving those outcomes? (Explain any rating below Satisfactory)	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory
C. Cost Control: How well has the contractor:	
1. Performed all contracted services within the budget?	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory
2. Submitted complete and accurate financial reports and invoices?	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory
3. Has a draft or final audit report disclosed questioned or disallowed costs? If yes, indicate: <ul style="list-style-type: none"> period covered by audit disallowed or recommended for disallowance disallowed costs as a % of audited funds 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: (Explain any ratings below Satisfactory)	Summary Adjectival Rating of Cost Control <input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory

ATTACHMENT J-7 - Past Performance Questionnaire

D. Timeliness of Performance: How well has the contractor:	
1. Completed contract requirements and submitted reports and schedules according to specified time frames?	<input type="checkbox"/> Exceptional <input type="checkbox"/> Marginal <input type="checkbox"/> Very Good <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory
2. Responded to technical direction and requests in a timely manner?	<input type="checkbox"/> Exceptional <input type="checkbox"/> Marginal <input type="checkbox"/> Very Good <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory
Comments: (Explain any ratings below Satisfactory)	Summary Adjectival Rating of Timeliness of Performance <input type="checkbox"/> Exceptional <input type="checkbox"/> Marginal <input type="checkbox"/> Very Good <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory
E. Business Relations: To what extent has the contractor:	
1. Been pro-active in contract monitoring and review?	<input type="checkbox"/> Exceptional <input type="checkbox"/> Marginal <input type="checkbox"/> Very Good <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory
2. Demonstrated a responsive and cooperative working relationship with the Contracting Officer and Project staff?	<input type="checkbox"/> Exceptional <input type="checkbox"/> Marginal <input type="checkbox"/> Very Good <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory
3. Promptly notified the Contracting Officer of potential problems?	<input type="checkbox"/> Exceptional <input type="checkbox"/> Marginal <input type="checkbox"/> Very Good <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory
4. Used effective approaches and provided technical expertise and resources to solve contract problems?	<input type="checkbox"/> Exceptional <input type="checkbox"/> Marginal <input type="checkbox"/> Very Good <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory
Comments: (Explain any ratings below Satisfactory)	Summary Adjectival Rating of Business Relations <input type="checkbox"/> Exceptional <input type="checkbox"/> Marginal <input type="checkbox"/> Very Good <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory

ATTACHMENT J-7 - Past Performance Questionnaire

F. Customer Satisfaction: To what extent has the contractor:	
1. Been effective in tailoring the program to meet the needs of the customers?	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory
2. Shown flexibility in operating the program to meet changing program needs and emphases?	<input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory
Comments: (Explain any ratings below Satisfactory)	<p>Summary Adjectival Rating of Customer Satisfaction</p> <input type="checkbox"/> Exceptional <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory
Additional Comments:	
Name & Title of Individual Completing Information:	Phone No.

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(For Department of Labor Use Only)

SUMMARY PAST EXPERIENCE CONFIRMATION

B. Outcomes vs. Goals	
C. Cost Control	
D. Timeliness of Performance	
E. Business Relations	
F. Customer Satisfaction	

Verified by: _____ Date: _____